

FIREFIGHTER APPLICATION
FRANKLIN FIRE MERIT COMMISSION

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Any questions should be directed to the Franklin Fire Department.

The Fire Department can be reached at 317-736-3650, hours Monday through Friday 8:00 am to 4:00 pm

DO NOT CALL CITY HALL!

Official Driver Record

To obtain your Official Driver Record from Indiana Bureau of Motor Vehicles (BMV): go to www.mybmv, click on Driver Record on left side of screen. Then click on **Official Driver Record (ODR)** (center of page) – A certified copy of your driver record that is accompanied by a letter of certification from the Commissioner of the BMV. Some employers and school admission offices require a certified driver record. The ODR is available for \$4. Then click on: Purchase, download, and print your Official Driver Record

Set up a username and password. Once logged in, scroll down to “Documents Available to Order” and click on Official Driver Record. Follow the instructions for ordering your Official Driver Record and paying for the document.

Official Driver Record

Welcome, John Doe!

You may purchase your Official Driver Record (ODR) online for \$4. The ODR reflects your driving record information and is also accompanied by a letter of certification from the Commissioner of the BMV to validate its authenticity. The record will be available in myBMV for 30 days immediately following payment.

To order a record below, simply click Add to Cart. You can then continue shopping or click Proceed to Checkout.

What you can expect after you purchase your driver record:

- The document(s) will be immediately available after you make your payment.*
- The document(s) will be available in myBMV for 30 days. You may view, print or save the documents. Simply return to this page after you have made your payment and select whether you want to access the PDF or HTML version.*
- Please turn off pop-up blockers to view and print your driver record.*

Documents Available To Order

Renew	Type	Fee
Click here to Add to Cart	OFFICIAL DRIVER RECORD	\$4.00

PROCEED TO CHECKOUT >>

Once you have received and printed your Official Driver Record, turn it in with the rest of the required documents for your Firefighter Application.

Franklin Fire Merit Commission

City of Franklin, Indiana

ATTENTION FIREFIGHTER APPLICANTS:

Thank you for your interest in the Franklin Fire Department! The Department, with the Fire Merit Commission, has initiated a process that will culminate in the establishment of an eligibility list of qualified candidates from which firefighter vacancies will be filled during a two-year span that will commence in the near future.

Applicants MUST meet the following*requirements:

1. Be a citizen of the United States
2. Be at least twenty-one (21) years of age and no older than thirty (35) years of age by 1/1/13
3. Be a high school graduate or have achieved its equivalent (GED)
4. Possess a valid State driver's license
5. Must not be a convicted felon
6. Submit an official application that is complete, non-evasive and accurate in all respects.
7. Must have FF I/II and EMT certification

Components of the application process are:

1. Application will be located on the City of Franklin website: franklin.in.gov
2. The completed application and the documentation that is required to accompany it, must be turned in to the Franklin City Hall 70 E. Monroe no later than 4:00 pm on **June 17, 2013**.
3. A general, multi-dimensional written test will be administered to eligible applicants on **June 29, 2013**, location to be announced.
4. Top –scoring applicants on the written test will be scheduled for individual interviews by a panel that will evaluate the poise, communication skills and general awareness. These attributes, in addition to the written test scores, will be the basis for the formation of a ranked list of 25 qualified candidates from which vacancies will be filled.
5. Oral interviews will be on **July 20, 2013** times and location to be announced
6. Eligibility list certified on **August 12, 2013**.

Materials **REQUIRED** to be submitted with the completed application

Copy of birth certificate or naturalization papers

Copy of high school diploma or GED certificate

Signed Physical Agility/Fitness Test (applicant waiver, physician concurrence)

Authorization to Release Information

3 Stamped and self-addressed envelopes

Documents that **MAY** be submitted if pertinent or available

Copy of military discharge

Copy of college diploma and/or technical training certification

Fire/EMT/Paramedic Service Affiliation Information

The importance of the members of the Franklin Fire Department to the community demands that every effort should be made to select those who possess the physical, mental, moral and emotional characteristics to best perform their duties. The information elicited from applicants is to be used for this purpose and will not be divulged to anyone without a legitimate need to know.

The Franklin Fire Department is an equal opportunity employer and does not discriminate in hiring or employment practices on the basis of race, color, sex, religion, creed, national origin, ancestry, handicap as defined by law, or does not discriminate on the basis of handicapped status in the admission or access to, or treatment of, or employment in, its programs or activities, or political affiliation, or on the basis of age, except when age or physical requirements constitute a bona fide occupational qualification necessary for proper and efficient administration or as provided by law.

Good Luck!

A handwritten signature in black ink, reading "Larry W. Ames". The signature is written in a cursive style with a large, looping initial "L".

CITY OF FRANKLIN, INDIANA

FIRE MERIT COMMISSION

June 17, 2013

Dear Applicant:

Thank you for applying for a position with the Franklin Fire Department.

This letter contains important information about the written aptitude test. You should read this letter carefully to be sure that you understand the procedures that will be used during the administration of the written test.

The department has received more applicants than there are available positions. As a result, the department has established a competitive application process. This application process is designed to ensure that the selection of new recruits will be accomplished in a fair and objective fashion.

The written aptitude test will be administered on Saturday June 29, 2013, place to be announced.

The schedule for the written aptitude test is as follows:

8:00 am to 8:20 am	Registration
8:20 am to 8:30 am	Instructions
8:30 am to 12:00 pm	Study Period
12:00 pm to 1:00 pm	Lunch
1:00 pm to 1:15 pm	Check-in
1:15 pm to 1:30 pm	Instructions
1:30 pm to 4:00 pm	Examination

A description of the written aptitude test procedures is presented below. Please examine these procedures to ensure that you fully understand them, since each applicant has the responsibility of informing the department of any difficulties or problems created by these procedures. Applicants who

wish to report any concerns about these procedures should contact the department no later than 1 week prior to the examination date.

The study session will begin immediately after the completion of the registration period. The instructions for the study session will be read aloud by a test monitor. During the study session, each applicant will be given three and one half (3 ½) hours to study a variety of printed materials. These materials will include printed text, line drawings, written instructions and pictures. These study materials are the basis for the aptitude test which will be administered during the afternoon session.

Applicants are allowed to make written notes about the study materials. However, these notes must be written on paper which will be provided by the test monitor. Also, each applicant must turn in his/her notes to the test monitor at the conclusion of the study session.

During the study session, you may take as many breaks as you would like. Please note, however, that these breaks will shorten the amount of time that you will have for studying.

You may leave early from the study session. However, once you decide to leave from the study session you must turn in your materials and you will not be allowed back until the registration period of the afternoon test.

Applicants will be given 1 hour for lunch. Lunch will not be provided. Instead, you will be required to leave the test site and to provide your own lunch. There are a number of restaurants in the immediate area.

The afternoon session will begin with the re-registration of each applicant. Instructions for the test will be read aloud by the test monitor. The test will require that applicants read printed materials and record their answers on an optically scanned computer sheet. Applicants will be required to use a pencil to record their answers. You will have two and one half (2 ½) hours to complete the written examination.

All questions on the afternoon examination will be drawn directly from materials provided during the morning study session. You must learn the study materials presented during the morning to do well on the examination. Note this important instruction: You will not be allowed to take the exam in the afternoon if you did not attend and register for the morning study session.

Do not bring notebooks or other study materials with you to the testing site

All necessary materials including note paper, will be provided to you.

Listed below are some tips which might help to make your test date more comfortable and successful:

1. Answer every question on the test, even if you have to guess-there is no penalty for guessing.
2. Take your time-there should be plenty of time in both the study session and the test period.
3. Bring money to buy lunch-lunch will not be provided.

4. Arrange for transportation-you may need a ride to get to restaurants and you must leave the test site during the lunch break.
5. Listen carefully to the monitor's instructions.
6. Make certain that your answers are entered into the correct spaces on the answer sheet.
7. If you have trouble with a particular question, skip it and return to it later.
8. Be certain that you really understand the material in the Study Guide.
9. Get a good night's rest before the test.
10. Try to relax as much as possible during the test.

Testing will take all day so be sure to wear comfortable clothing. Also, you should bring along picture identification such as a driver's license.

Smoking will not be allowed in the study/examination room(s). However, applicants may take as many breaks as they wish during the study session.

If you need additional information or wish to report a difficulty associated with the pre-employment testing procedure, call Larry Tames at 317-412-5495.

Sincerely,

Fire Merit Commission

**FIRE MERIT COMMISSION
FRANKLIN FIRE DEPARTMENT
CITY OF FRANKLIN, INDIANA**

FIRE/EMT/PARAMEDIC AFFILIATION INFORMATION

Please provide the following information if you have ever maintained an active affiliation with a Fire Department or an Emergency Medical Technician (EMT) Service:

Applicant's Printed Name _____
(last) (first) (middle initial)

Indiana Fire Certificate Number _____ Level _____

Indiana Fire Certificate Number _____ Level _____

EMT Certificate Number _____

Paramedic Certificate Number _____

Fire Department/EMT/Paramedic Service

Organization _____

Address _____

City/State/Zip _____

Officer to Contact
for verification _____

Phone Number _____

Date(s) of Active Service As:

Volunteer Firefighter/EMT From _____ To _____

Volunteer Firefighter/EMT From _____ To _____

Career Firefighter/EMT From _____ To _____

Career Firefighter/EMT From _____ To _____

Volunteer Paramedic From _____ To _____

Career Paramedic From _____ To _____

Applicant's Signature _____

FIREFIGHTER APPLICATION
FRANKLIN FIRE DEPARTMENT
Franklin, IN 46131

NOTE: This application MUST be completed by the APPLICANT either typed or clearly printed in ink or ballpoint. Complete all sections or, when appropriate, state "None" or "Does not apply."

PERSONAL DATA

LAST NAME _____ FIRST NAME _____

MIDDLE INITIAL _____ MAIDEN NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH ____/____/____ AGE _____ HEIGHT _____ PHONE (____) _____

SCARS / DISTINGUISHING MARKS _____

IN CASE OF EMERGENCY, NOTIFY: _____ PHONE (____) _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO

REFERENCES (List four (4) non relatives)

NAME	ADDRESS	PHONE	OCCUPATION

EDUCATION

List your formal education experiences:

School	Name and Address	Course of Study	Attendance
Jr. High or Middle School			_____ to _____
High School			_____ to _____
College			_____ to _____
Graduate			_____ to _____
Other			_____ to _____

List any technical/vocational training you have received:

Name and Address of School	Length of Training	Skills Attained	Certificate Received?
			Yes / No
			Yes / No
			Yes / No

RESIDENCES

List all previous residences (within the past five years), beginning with your present address.

Dates	House Number and Street	City	State or Country

EMPLOYMENT

Starting with your present or most recent employer, list employment history including part-time temporary/seasonal work and all periods of unemployment.

Dates	Name and Address of Company	Types of Work Performed

May we contact your present employer? ☐ Yes ☐ No

MILITARY SERVICE

Selective Service # _____ Branch of Service _____

Last Classification/Rank _____ Current status _____ Type of discharge _____

Service Connected Training _____

While in the military, were you ever convicted of any offense by a deck court, summary, special or general court martial? ☐ Yes ☐ No. If yes, when and what was the nature of the conviction? _____

The Franklin Fire Department supports the U.S. Reserves, National and State Guards. Are you a member of any of these organizations? ☐ Yes ☐ No.

If yes, which organization, unit and location _____

In the space provided, explain in your own words why you are interested in becoming a firefighter.

SIGNATURE

NOTICE TO APPLICANT:

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AGREE TO INFORM THE DEPARTMENT OF ANY ADDITIONAL INFORMATION RELATING TO ANY QUESTION RAISED ON THE APPLICATION WHICH OCCURS FOLLOWING ITS SUBMISSION. I RELAIIZE THAT IMSREPRESENTATION OF FACTS OF THE FAILURE TO UPDATE ANY INFORMATION RELATING TO THE APPLICATION MAY BE CAUSE FOR REJECTION OR THIS APPLICATION OR DISMISSAL AFTER EMPLOYMENT.

Applicant's full printed name

Applicant's Signature

Date

CONDITION OF EMPLOYMENT

I understand that if I am employed as a probationary firefighter with the Franklin Fire Department, the Department retains the right, and I will permit, further drug testing, including cannabinoids during my probationary year without notice and throughout the duration of my employment with the Franklin Fire Department.

I specifically agree that if I refuse to take a urinalysis test or if any controlled substance test registers positive above Department standards my employment with the Franklin City Fire Department will be reviewed. If the results after a review affirm a drug problem, I may be terminated.

Applicants Printed Name

Witness

Applicants Signature

Witness

Dated

I attest that the applicant and the two witnesses appeared before me on _____.

Notary

My commission expires

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize and request all persons to whom this request (original or reproduction) is presented, having information relating to or concerning me, to furnish such information to a duly appointed employee or representative of the Franklin Fire Department or the Franklin Fire Merit Commission.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms and corporations from all claims, of any nature, as a result of said communications or disclosure.

printed name of applicant

signature of applicant

date



CPAT REGISTRATION FORM

PRINT THIS PAGE

Complete information and FAX with credit card information or mail payment by check to ESEC

Please print clearly – thanks!

Date of Class **	
Name**	
Street Address**	
City, State and Zip Code**	
Area Code and Phone Number**	
E-mail address**	
Fire Department requesting card**	
Timed Practice Immediately following CPAT Orientation? Yes _____ No _____ Timed Practice _____ Test _____	<u>Refund Policy</u> <u>Note:</u> All cancellations must be in writing and e-mailed or mailed to ESEC before refund will be issued. <ul style="list-style-type: none">• 100% Refund four (4) weeks prior to start date• 50% refund between two (2) and four (4) weeks prior to start date• No Refund after two (2) weeks prior to start date

Please select one: Visa <input type="checkbox"/> MC <input type="checkbox"/> <i>Orientation or Renew? Circle one, please</i>
Course Cost: \$130.00 <i>for Orientation, 2 timed practices, and test</i> RENEW/RECERTIFICATION/RETEST cost is \$60.00
Card #
Name on Card
Expiration Date
Signature

Check # _____

Mail to:
ESEC Registration
700 N. High School Road
Indianapolis, IN 46214

FAX # (317)-248-7931

Questions?
Please call (317)-988-7703

For ESEC Use Only

Confirmation # _____ Invoice # _____

CPAT _____ Conf Ltr _____ Inv _____ Rcvd Pmt _____ Print Stmt _____ Print Inv _____

CC Report _____ I/E Report _____